

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594671

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	1		4			
6	1		1			
7	1		1			
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TOTAL IND.	1		1			
TOTAL DEP.	9	←	10	←	←	
TOTAL CLAIMS	10	████████	11	████████	████	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					████	
TOTAL DEP.					████	████
TOTAL CLAIMS	10	████████	11	████████	████	████